

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4821NSP</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>O'GRADY PEYTON INTERNATIONAL (USA), INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8945 WEST RUSSEL, SUITE 310 LAS VEGAS, NV 89148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 22048 This Statement of Deficiencies was generated as a result of a State Relicensure Survey conducted in your facility on July 28, 2009 and finalized on September 28, 2009, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 043 SS=I	<p><b>449.7473 USE OF LICENSE</b></p> <p>1. Each license is separate and distinct and is issued to a specific person to operate a nursing pool at a specific location. A nursing pool must be operated and conducted under the name and within the area of service designated on the license. The name of the person who is</p>	P 043		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 043	<p>Continued From page 1</p> <p>designated as responsible for its conduct must appear on the face of the license.</p> <p>This Regulation is not met as evidenced by: Surveyor: 22048</p> <p>Based on observation, documentation review and interview, the facility failed to operate a nursing pool facility at the location documented on the license by the Administrator documented on the license in accordance with Chapter 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.</p> <p>Findings include:</p> <p>At 10:00 AM, the chief executive officer of the company occupying the office address met with the surveyor. The CEO explained that the administrator of the nursing pool did not live in Las Vegas, but resides in San Diego. The company was a subsidiary of AMN Health Care, which is based out of San Diego. He was not sure how the business was run. His company, which resides at the office address on the nursing pool license, handles the marketing aspects for the nursing pool. The CEO has no contact with anyone from the nursing pool, his only contacts in San Diego have been his superiors. The CEO then went on to explain that all files were kept in San Diego, he also stated that he sees the administrator listed on the license approximately every other month in Las Vegas. He stated that he was not real familiar with who they are, so he could not be certain how often someone was at the office.</p> <p>A license for the nursing pool was located in the office and a copy was supplied to the surveyor upon request</p>	P 043			

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P 043	Continued From page 2  On 9/28/09, at 2:45 PM, a call was placed to the phone number in the system to follow-up on the licensure issue, the person on the other end of phone stated that the phone number did not belong to the nursing pool and confirmed the number dialed was correct.  Scope: 3 Severity: 3	P 043			

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